

## CLAIMS ONLY

Application Number

Filing Date

10/015323

Applicant(s)	
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\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/	/				
2		/				
3	/					
4		/				
5		/				
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Total Indep	14					
Total Depend	13					
Total Claims	27					

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						